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AVIAN FLU

SUBJECT: DRC: AVIAN INFLUENZA UPDATE

REF: KINSHASA 1939

**¶11.** (U) Summary. The GDRC Avian Influenza Commission, composed of representatives from the Ministries of Agriculture, Health, External Commerce, and Environment, released the DRC Country Contingency Plan (CCP) on February 24. The CCP seeks over USD 16M to prepare for and respond to the anticipated arrival of Highly Pathogenic Avian Influenza (HPAI) in the DRC. The pre-pandemic phase focuses on surveillance, equipment, and training; the approach/onset phase focuses on containment to slow transmission; and the declared pandemic phase includes case-tracking and treatment. The plan highlights the DRC's lack of capacity to monitor, detect, and respond to HPAI, and notes that conditions in the DRC are conducive to rapid bird-to-bird, bird-to-human, and possibly human-to-human transmission of the virus, once introduced. In a related development, a report out of south-central DRC says that migratory swallows, coming from European countries where confirmed cases of HPAI exist, are being captured and consumed in the DRC. End summary.

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DRC Avian Flu Commission  
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**¶12.** (U) The GDRC created an Avian Flu Commission (AIC) in late 2005, chaired by the Minister of Agriculture and composed of representatives from the Ministries of Health (Directorates of Disease Prevention and Border Health, National Institute of Bio-medical Research), Agriculture (Directorate of Animal Production and Health, Veterinary Laboratory of Kinshasa), External Commerce (Congolese Office of Control and its laboratory), and Environment (Directorate for the Protection of Flora and Fauna, National Institute for the Conservation of Nature). The Commission resolved to reinforce the number of sanitary inspectors and police at all official border crossings and to strengthen sanitary measures on commercial poultry farms while monitoring those farms for signs of Highly Pathogenic Avian Influenza (HPAI). The Ministry of Agriculture was charged with the monitoring, detection, and diagnosis of HPAI in the DRC. The Commission charged the Ministry of Environment with the issue of migratory bird transmission of HPAI. The plan was to work with the World Organization for Animal Health (OIE) and the World Health Organization (WHO) to identify and respond to suspected bird and human cases of the disease.

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The DRC Country Contingency Plan  
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**¶3.** (U) On February 25, the AIC released its Country Contingency Plan (CCP) at a ceremony attended by high-level representatives from donor countries, the UN Mission to the DRC (MONUC), the World Bank, FAO, UNICEF, WHO, and other UN agencies. The meeting was co-chaired by the Ministries of Agriculture, Health, and External Commerce. The CCP points out that the DRC lies along the path of many migratory bird species that come to Africa during the northern hemisphere winter in Europe and Asia, including many countries with HPAI. It estimates that there are over 20 million poultry (mostly chickens, but also ducks, turkeys, geese, and guinea fowl) in the DRC, 80 percent of which are free-range. The document notes that many Congolese live in close proximity with their poultry, sometimes in the same house, and that this, combined with general lack of sanitation, could result in easy bird-to-bird, bird-to-human, and human-to-human transmission.

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Health Sector Capacity  
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**¶4.** (U) In principle, the DRC is covered by 515 health zones, each with a central office, a referral hospital, and health centers. The CCP notes, however, that the majority of these health zones do not have the capacity to provide even primary health care services. Since 2000, with the start-up of the nationwide polio eradication program, a surveillance system has been in place that can alert authorities to outbreaks of certain infectious diseases. The CCP reports that there is also a viable system for the collection and transport of medical samples, but that DRC medical laboratories are not capable of testing for the HPAI virus strains. The DRC, a post-conflict country, has

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poor health infrastructure in general, little or no medical resources of its own, and is almost entirely dependent upon outside assistance for provision of health care services.

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Agriculture and Environment  
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**¶5.** (U) The Ministry of Agriculture Directorate of Animal Production and Health, according to the CCP, suffers from insufficient personnel, logistical support, communication, and general capacity, especially at border posts far from large towns and cities. The CCP is pessimistic that Ministry of Agriculture personnel would be able to monitor, detect, or react to the appearance of HPAI in the DRC. The report concedes that the two functioning veterinary labs in Kinshasa and Lubumbashi have no ability to determine whether the H5N1 variety of HPAI is present in suspected samples. The CCP says that an E.U.-funded entity called the Pan-African Program for the Control of Epizootic Diseases (PACE), concerned mainly with cattle diseases such as rinderpest, might provide some monitoring and detection of HPAI in the DRC. The report also cites the Environment Ministry's National Institute for the Conservation of Nature as a possible monitor for wild bird transmission of HPAI, but only in the small number of wildlife reserves and protected areas in the DRC. The CCP notes that an informal radio network of GDRC ministries, NGOs, and UN agencies across the DRC could be called upon to provide nationwide emergency communication, even down to the village level.

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Phase One: Pre-Pandemic  
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**¶6.** (U) The CCP divides the national approach to a possible HPAI pandemic into three phases: pre-pandemic, approach/onset of the pandemic, and a declared pandemic. The pre-pandemic phase is defined as the period during which there is the possibility of animal infection with the

associated risk of transmission to humans. Beginning March 2006, the CCP lays out immediate objectives and indicators, designates which GDRC ministry or international partner will be responsible for each program activity, and indicates the timeline for each activity. The total budget for the pre-pandemic phase, from March through end April, is USD 13,720,000. Strategies include better communication; better monitoring of animal and human health; compensation for affected farmers; training for monitors and first responders; placement of equipment for rapid detection, transport, and analysis; and determination of needs for medicines and other treatments.

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Phase Two: Approach/Onset of Pandemic  
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**¶17.** (U) The CCP approach/onset phase of the pandemic is defined as the period when human infections by HPAI are first noted in a localized area of infection, possibly with limited human-to-human transmission. The specific CCP objective of this phase is stopping or slowing the transmission of the disease in humans. Strategies include heightened surveillance for animal and human cases; support for prevention, treatment, and care of emergent cases; and provision of protective equipment to technical and at-risk personnel. This phase is budgeted at USD 1,857,700 and was left open as a period of indeterminate length, depending upon the evolution of the epidemic.

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Phase Three: Declared Pandemic  
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**¶18.** (U) The final phase of the CCP, during which human-to-human transmission is confirmed and the already large number of human cases continues to rise, aims to reduce morbidity, mortality, and "social disorganization," while the DRC supports research activity aimed at ending the pandemic. Strategies include heightened animal and human surveillance; increased prevention efforts; support for care and research; and follow-up and evaluation. This phase, with no timeline indicated, is budgeted for USD 433,500. The total budget for the three phases is USD 16,011,200.

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Ministry of Agriculture: Little Capacity

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**¶19.** (U) EconCouns met with the Ministry of Agriculture Secretary General Hubert Ali, a doctor of veterinary

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medicine. Ali confirmed that the two functioning veterinary laboratories in the DRC, in Kinshasa and Lubumbashi, are not equipped to detect flu viruses of the highly pathogenic H5N1 variety. As in Nigeria, samples would have to be flown to a laboratory outside the DRC, and it would be days before the results were known. Ali admitted that preventing the entry of and detecting any outbreak of HPAI in the DRC would be extremely difficult, given the size of the country (DRC is approximately the size of the U.S. east of the Mississippi River) and the thousands of miles of land borders with its nine neighboring countries. PACE (see para 5), he said, has hundreds of personnel in the DRC, including in the Bas Congo, Bandundu, and Equateur provinces that border on Congo Brazzaville. PACE radio and internet connections might allow for news of rural poultry or wild bird die-offs to be transmitted quickly to Kinshasa. Ali, however, pointed out that Congolese villagers would be very reticent to report poultry die-offs and would be even more resistant to the voluntary culling of backyard flocks.

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Migratory Birds in Southwestern DRC  
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**¶10.** (U) MONUC reported on February 24 that a joint OIE/WHO team traveled to Eastern Kasai province in mid-February in response to reports that banded migratory birds were in this area of south-central DRC, near the Angolan border. The team located and identified the remains of eight birds classified as swallows, all of which had carried bands identifying their points of origin in Europe. Four had been banded in Hungary, two in Germany, one in Poland, and one at the British Museum in London. All eight had apparently fallen prey to a common practice: during peak migration months (October through January, also a local "hungry season"), hunters place glue on branches where the birds roost at night. Unable to fly away the next morning, the birds are collected by hand and consumed by local villagers. The researchers were only able to retrieve the information contained on the bands, since the villagers believe that the bands themselves contain some magic power. There was no indication that any of the hundreds of swallows captured and consumed had died en route or been sickly. Post has no information about whether there were plans to test swallows or their remains for HPAI. The team's WHO physician found that infectious respiratory diseases were second only to malaria as the most common ailment in local health centers.

**¶11.** (U) Comment. The GDRC has been proactive on HPAI, given the potential here for the transmission and socioeconomic consequences of HPAI. The DRC has previous experience in dealing with outbreaks of Ebola and Marburg virus. DRC was one of the first sub-Saharan African countries to ban poultry products from countries with confirmed HPAI (reftel). Poultry imports are now banned from nearly 30 countries with the recent addition of Nigeria, Italy, France, Germany, and Niger. The DRC Country Contingency Plan is complete and well-thought-out, but also completely dependent upon outside resources that may not be forthcoming. The CCP budget declines significantly from phase to phase when it should actually increase, since tracking and treatment are more expensive than standard surveillance. The size of the country, its porous borders, the dependence of many of its citizens on backyard poultry flocks, and the inability of GDRC authorities to detect the arrival of HPAI may conspire to prevent a timely response and allow the virus to spread unchecked across the country. GDRC compensation for culled poultry and/or a nationwide poultry vaccination campaign are not realistic options. The best approach to avoid socioeconomic disaster and a possible human pandemic will be to engage all possible entities, governmental and non-governmental, in an HPAI monitoring/detection campaign, limit the geographical spread of the virus after it is detected, and emphasize appropriate measures to prevent bird-to-human and human-to-human transmission. End comment.

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